



Form 3501 FR.04  
Direct Deposit Request

Revised 10/20/2017

Employee Information			
First Name:		Middle Name:	
Last Name:		Employee ID #:	
- <u>OR</u> - Last 4 Digits of SSN:		Phone #:	
Payment Type: <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly			
Bank Information			
You may deposit your payments into the maximum of five (5) separate banks/accounts. Complete all bank information for each bank and/or account and check action box in left hand column. Check the <b>START</b> box for all <b>NEW</b> banks or accounts. Check the <b>STOP</b> box to <b>CANCEL</b> deposits into specific banks/accounts. Check the <b>CHANGE</b> box to <b>AMEND</b> amounts, account numbers, and/or account types.			
<input type="checkbox"/> Start (new)	Bank #1 Name:	Type of Account (select one):	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="checkbox"/> Stop	_____ % of Net - <b>OR</b> - Specific \$ Amount: _____ - <b>OR</b> - <input type="checkbox"/> Remainder of Net Pay		
<input type="checkbox"/> Change	Transit Routing #:	Account #:	
<input type="checkbox"/> Start (new)	Bank #2 Name:	Type of Account (select one):	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="checkbox"/> Stop	_____ % of Net - <b>OR</b> - Specific \$ Amount: _____ - <b>OR</b> - <input type="checkbox"/> Remainder of Net Pay		
<input type="checkbox"/> Change	Transit Routing #:	Account #:	
<input type="checkbox"/> Start (new)	Bank #3 Name:	Type of Account (select one):	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="checkbox"/> Stop	_____ % of Net - <b>OR</b> - Specific \$ Amount: _____ - <b>OR</b> - <input type="checkbox"/> Remainder of Net Pay		
<input type="checkbox"/> Change	Transit Routing #:	Account #:	
<input type="checkbox"/> Start (new)	Bank #4 Name:	Type of Account (select one):	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="checkbox"/> Stop	_____ % of Net - <b>OR</b> - Specific \$ Amount: _____ - <b>OR</b> - <input type="checkbox"/> Remainder of Net Pay		
<input type="checkbox"/> Change	Transit Routing #:	Account #:	
<input type="checkbox"/> Start (new)	Bank #5 Name:	Type of Account (select one):	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
<input type="checkbox"/> Stop	_____ % of Net - <b>OR</b> - Specific \$ Amount: _____ - <b>OR</b> - <input type="checkbox"/> Remainder of Net Pay		
<input type="checkbox"/> Change	Transit Routing #:	Account #:	
Transit Routing #: First series of <u>nine</u> numbers		Pat Smith Shady Lane Pay to order of: _____ Date: _____ 20__	
Account #: Second series of numbers		Memo: _____ 123456789 000012345678 9876 Dollars	

(Transit Routing #) (Account #)

PLEASE NOTE: Do not attach a voided blank check to this form. It is no longer required.

IMPORTANT: There have been recent changes to the payment system rules for direct deposit.	
Do you receive your payment via direct deposit at a U.S. bank and then have the <b>entire</b> amount forwarded to a bank in another country? * If yes, please note that there are new formatting requirements for these transactions that Yale needs to follow. It will not impact your payment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please Read the Following Information Carefully	
I hereby authorize the direct deposit of my net pay by my employer in the account and financial institution indicated. Such deposit will be made on each succeeding payday unless I choose to terminate this agreement in writing to the University. Any such notification to the University shall become effective following receipt, after a reasonable opportunity to act on it. In the event that the University erroneously deposits funds into my account, I hereby authorize it to debit my account not to exceed the original amount of the credit.	
Signature:	Date:
Processed Online By (signature):	Date:
Information Relating to Direct Deposit	
1. <b>DO NOT</b> close, cancel, or change your existing bank account without first completing a new Direct Deposit Request form, or consulting with the Employee Service Center at 203-432-5552.	
2. Forms may be mailed via U.S. mail to the Employee Service Center, 221 Whitney Ave., New Haven, CT 06511, via email to <a href="mailto:employee.services@yale.edu">employee.services@yale.edu</a> , or via fax to 203-432-5153.	

Questions? Contact [employee.services@yale.edu](mailto:employee.services@yale.edu)